

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Twin Lakes Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 227 Sand Hill Road Greensburg, PA 15601	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on review of facility policy, clinical records and grievances, as well as staff interviews, it was determined that the facility failed to make ongoing efforts to resolve a grievance for one of 7 residents reviewed (Resident 2). Findings include: The facility's policy regarding grievances/complaints, filing, dated April 8, 2026, revealed that residents and family members may file a grievance and that the grievance will be resolved within five working days. A comprehensive Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated December 17, 2025, revealed that the resident was cognitively intact, required assistance for daily care needs, and had a full set of dentures. A review of Resident 1's inventory sheet, dated December 11, 2025 revealed that the resident had a full set of dentures with him when he was admitted. A grievance for Resident 2, dated December 29, 2025 revealed that the resident's dentures had been missing since that morning. The findings of the grievance revealed that the facility would reimburse the family for the missing dentures. Social Services note for Resident 2, dated January 9, 2026 revealed that the resident's son was inquiring as to the status of the resident's missing dentures and that he provided the name and phone number for the dentist. An interview with the Nursing Home Administrator on April 17, 2026 at 3:22 p.m. revealed that the main office was emailed the invoice which included the amount and address to make the payment to replace the dentures on February 20, 2026. As of April 17, 2026 at 10:30 a.m. the invoice had not been paid and the grievance had not been resolved. 28 Pa. Code 201.29(i) Resident rights. 28 Pa. Code 211.12(d)(5) Nursing services.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observations and staff interviews, it was determined that the facility failed to ensure that the stove/oven was maintained in working condition in the kitchen. Findings include: Observations of the kitchen on April 17, 2026 at 12:09 p.m. revealed that the main stove/oven was not working and that the lunch being prepared consisted of a cold ham and cheese sandwich. An interview with the cook at that time revealed that the stove/oven had not worked for over 2 months. She stated that the facility ordered a new one, it arrived, but would not connect because the electric hook up was not correct. She stated that the resident's menu has been altered for over a month due to stove/oven not working and that the residents are unhappy about it. An interview with the Dietary Manager on April 17, 2026 at 12:14 p.m. revealed that the stove/oven had been down for over a month. She stated that the company ordered a new stove, but when it arrived it was a gas hookup and the facility is not set up for that. That stove/oven was returned and another one arrived, however, the electric hook up was not the correct wattage, therefore an electrician is scheduled to come to the facility to install the proper hook up. An interview with the Nursing Home Administrator on April 17, 2026 at 3:22 p.m. confirmed that the stove/oven was not working and had not been working for over a month.</p>		